



**UNITED STATES DEPARTMENT OF AGRICULTURE**  
**Agricultural Marketing Service**  
**Fruit and Vegetable Program**

**REQUEST FOR AUDIT SERVICES**

**(This is the only acceptable form for fax or electronic submission to USDA for audit requests)**

NOTE: Fill in all appropriate blocks. Requested services may be delayed because of incomplete information. Type of service requested must be selected below.

<b>DATE OF REQUEST:</b>		<b>ANTICIPATED DATE OF AUDIT:</b>	
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AUDITEE INFORMATION		FARM / FACILITY INFORMATION	
Company Name:		Location:	
Street Address:			
City, State & Zip:		Total Acres / Total Sq Feet to be audited:	
Phone Number:			
Contact Person:			

APPLICANT INFORMATION		COMMODITIES TO BE COVERED BY AUDIT (Please List)	
Company Name			
Phone Number:			
Fax Number:			
E-mail:			
Contact Person:			

**TYPE OF AUDIT SERVICES REQUESTED (Please choose at least one)**

<input type="checkbox"/> Produce GAPs Harmonized Audit - <i>Field Operations &amp; Harvesting</i> <input type="checkbox"/> Produce GAPs Harmonized Audit - <i>Field Operations &amp; Harvesting w/ Global Markets Primary Production Addendum</i> <input type="checkbox"/> Produce GAPs Harmonized Audit - <i>Post Harvest</i> <input type="checkbox"/> Produce GAPs Harmonized Audit - <i>Post Harvest w/ Global Markets Primary Production Addendum</i> <input type="checkbox"/> Mushroom Specific GAP Audit (M-GAP) <input type="checkbox"/> Tomato Audit Protocol - <i>Open Field Production, Harvest &amp; Field Packing</i> <input type="checkbox"/> Tomato Audit Protocol - <i>Packinghouse</i> <input type="checkbox"/> Tomato Audit Protocol - <i>Greenhouse</i> <input type="checkbox"/> Tomato Audit Protocol - <i>Repacking and Distribution</i> <input type="checkbox"/> Leafy Greens Audit (LGMA) <input type="checkbox"/> Identity Preservation Audit (IP)	<input type="checkbox"/> USDA Good Agricultural Practices and Good Handling Practices (GAP&GHP) Audit (choose scopes below) <input type="checkbox"/> Part 1 – Farm Review <input type="checkbox"/> Part 2 – Field Harvest & Field Packing Activities <input type="checkbox"/> Part 3 – House Packing Facility <input type="checkbox"/> Part 4 – Storage & Transportation <input type="checkbox"/> Part 6 – Wholesale Distribution Center / Terminal Warehouse <input type="checkbox"/> Part 7 – Preventative Food Defense Procedures <input type="checkbox"/> Other:
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<b>ADDITIONAL REMARKS</b>	
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Once a request has been received, a USDA representative will make contact within 48 hours of receipt to schedule the audit.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0125. The time required to complete this information collection is estimated average .02 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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